

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 558 433

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	3					
5						
6						
7						
8	2					
9	2					
10	2					
11						
12						
13						
14						
15	2					
16	1					
17						
18						
19						
20						
21						
22						
23						
24	0					
25						
26						
27						
28						
29						
30	0					
31						
32						
33						
34						
35						
36						
37						
38	0					
39						
40	1					
41						
42						
43	3					
44						
45						
46						
47	0					
48	0					
49	0					
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		2				
53						
54						
55						
56						
57						
58						
59						
60		2				
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73		2				
74						
75						
76						
77						
78						
79						
80						
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83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		93				
TOTAL DEP.		2				
TOTAL CLAIMS		95				